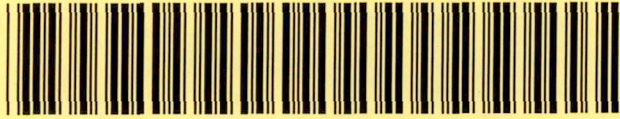


\*1761IHSSF1119\*



DocumentID NONCD0002812

Site Name RANDALLS FERRY RD SUPPLY WELLS

DocumentType Correspondence (C)

RptSegment 1

DocDate 8/11/2011

DocRcvd 8/11/2011

Box SF1119

AccessLevel PUBLIC

Division WASTE MANAGEMENT

Section SUPERFUND

Program IHS (IHS)

DocCat FACILITY



SITE HEALTH AND SAFETY PLAN

A. General Information

Site Name Randalls Ferry Road Wells ID # NONCD 000 2812

Location 17586 Randalls Ferry Road, Norwood, Stanly County, NC

Proposed Date of Investigation 8/11/11 to 9/11/11

Date of Briefing 8/2/11

Date of Debriefing 9/12/11

Nature of Visit (check one): On-Site Reconnaissance

Off-Site Reconnaissance

Sampling X

Sampling Overview

Remediation Overview

Health Department Official Contacted David Ezzell's voice mail

Date of Contact 8/2/11

Site Investigation Team: All site personnel have read the Site Health and Safety Plan and are familiar with its provisions.

Personnel

Responsibilities

Signature

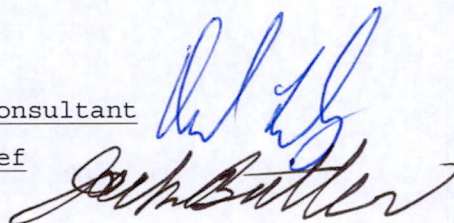
Team 1 Anthony Foster team leader, sampling

Team 1 Larry Rose sampling

Plan Preparation:

Prepared By: David Lilley, Industrial Hygiene Consultant

Reviewed By: Jack Butler, Superfund Section Chief



B. SITE/WASTE CHARACTERISTICS

Waste Type(s) ☒ Liquid ☐ Solid ☐ Sludge ☒ Gas ☒ Vapor  
Characteristics ☐ Corrosive ☐ Ignitable ☐ Radioactive  
☒ Volatile ☒ Toxic ☐ Reactive ☐ Other

List Known or Suspected Hazards (physical, chemical biological or radioactive) on Site and their toxicological effects. Also, if known, list chemical amounts

HAZARD	WARNING PROPERTIES	EXPOSURE LIMIT
Chloroform	Odor Threshold = 85 ppm	10 ppm

UNDERGROUND UTILITIES CHECKLIST

<u>Utility</u> <u>Location</u>	<u>Locator/Contact Person</u>	<u>Phone #</u>	<u>Date of</u>
Power			
Telephone			
Gas			
Water			
Sewer			

Call made by:

Facility Description: Size unknown Buildings unknown

Disposal Methods Being Investigated No disposal of material or methods of disposal have been reported.

Unusual Features on Site (dike integrity, power lines, terrain, etc.):

None known

History of the Site: Area wide groundwater contamination from an unknown source.

#### C. HAZARD EVALUATION

The site can be toured and sampled in level D protection. PVC gloves will be worn while collecting water samples. Chemically resistant knee length boots will be worn on site if the potential for surface soil contamination exists.

#### D. WORK PLAN INSTRUCTION

Map or Sketch Attached? yes

Perimeter Identified? no

Command Post Identified? no

Zones of Contamination Identified? no

Personal Protective Equipment/Level of Protection:     C   X  D

Modifications Wear goggles, face shield, and PVC gloves while preparing acid preserved samples, goggles and PVC gloves while collecting acid preserved samples. Avoid breathing acid vapors.

Surveillance Equipment:

_____ HNU	_____ Detector Tubes and Pumps
_____ OVA	_____ O2 Meter
_____ Explosimeter	_____ Radiation Monitor

Decontamination Procedures

\_\_\_\_\_ Level C Respirator wash, respirator removal, suit wash (if needed),  
suit removal, boot wash, boot removal and glove removal.

X Level D Boot wash and rinse and boot removal, suit removal, glove  
and goggle removal.

Modifications Dispose of trash properly, on-site if possible.

Work Schedule/Visit Objectives The purpose of this visit is to determine  
if the site poses a threat to the public health or environment because of  
releases of contaminants to soil, surface water, groundwater, or air.  
Sampling may consist of groundwater sampling.

EMERGENCY PRECAUTIONS

<u>Route of Exposure</u>	<u>First Aid</u>
<u>Eyes</u>	<u>irrigate immediately</u>
<u>Skin</u>	<u>soap and water wash</u>
<u>Inhalation</u>	<u>fresh air and artificial respiration</u>
<u>Ingestion</u>	<u>get medical attention immediately</u>

Location of Nearest Phone: nearby residences

Hospital (Address and Phone Number)

Stanly Memorial Hospital, 301 Yadkin Street, Albermarle, NC (704) 984-4347

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital see next page

PREVAILING WEATHER CONDITIONS AND FORECAST

EQUIPMENT CHECKLIST

<input type="checkbox"/> Air purifying respirator	<input checked="" type="checkbox"/> First Aid Kit
<input type="checkbox"/> Cartridges for respirator	<input checked="" type="checkbox"/> 3 gal. Deionized H2O
<input checked="" type="checkbox"/> Eye Wash Unit	<input checked="" type="checkbox"/> Rain suit
<input type="checkbox"/> HNU	<input checked="" type="checkbox"/> Gloves ( <u>PE/PVC/nitrile/cloth</u> )
<input type="checkbox"/> OVA	<input checked="" type="checkbox"/> Boots/Boot Covers
<input type="checkbox"/> Explosimeter	<input checked="" type="checkbox"/> Coveralls ( <u>tyvek/saranex</u> )
<input type="checkbox"/> Radiation Monitor	<input checked="" type="checkbox"/> Eye Protection ( <u>goggles/shield</u> )
<input checked="" type="checkbox"/> Decontamination Materials	<input checked="" type="checkbox"/> Hard Hat

STATE POISON CONTROL CENTER

1-800-848-6946

North Carolina OSHA

1-800-LABOR-NC

Please complete and submit the Air Monitoring and Injury Report Form at:  
<https://spreadsheets.google.com/spreadsheet/viewform?formkey=dHoyS1Jhc0RCN3Nwam91SXhvVVBnYnc6MQ>



## Trip to:

301 Yadkin St

Albemarle, NC 28001-3441

11.45 miles

24 minutes















## Notes

### To investors who want to retire comfortably.

If you have a \$500,000 portfolio, download the guide written by *Forbes* columnist and money manager Ken Fisher's firm. It's called "**The 15-Minute Retirement Plan.**" Even if you have something else in place right now, it *still* makes sense to request your guide!

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS™

	17586 Randalls Ferry Rd Norwood, NC 28128-7461	Miles Per Section	Miles Driven
	1. Start out going north on Randalls Ferry Rd / NC-1802 toward Randalls Church Rd / NC-1743.	Go 0.6 Mi	0.6 mi
	2. Take the 1st right onto Randalls Church Rd / NC-1743. <i>If you reach Paradise Ln you've gone about 0.3 miles too far</i>	Go 0.6 Mi	1.1 mi
	3. Take the 2nd right onto Shore Farm Rd / NC-1742. <i>Shore Farm Rd is 0.3 miles past Snuggs Ridge Ln If you reach Margie Ln you've gone about 0.3 miles too far</i>	Go 0.4 Mi	1.6 mi
	4. Take the 1st left onto Mark Joseph Rd. <i>If you reach Indian Mound Rd you've gone about 0.9 miles too far</i>	Go 0.5 Mi	2.1 mi
	5. Turn right onto Indian Mound Rd / NC-1740.	Go 0.01 Mi	2.1 mi
	6. Take the 1st left onto Dennis Rd / NC-1741. <i>If you reach Shore Farm Rd you've gone about 0.2 miles too far</i>	Go 3.2 Mi	5.3 mi
 	7. Turn right onto US-52.	Go 4.3 Mi	9.6 mi
 	8. Stay straight to go onto S 1st St / US-52-BR.	Go 1.5 Mi	11.1 mi
	9. Turn right onto Salisbury Ave. <i>Salisbury Ave is just past Chestnut Ave If you reach Leslie St you've gone a little too far</i>	Go 0.05 Mi	11.2 mi
	10. Turn slight left onto N 2nd St / NC-1573.	Go 0.1 Mi	11.3 mi
	11. Take the 2nd right onto Yadkin St. <i>Yadkin St is just past East St If you reach Penny St you've gone about 0.1 miles too far</i>	Go 0.2 Mi	11.4 mi



12. 301 YADKIN ST is on the left.  
*Your destination is just past N 3rd St*  
*If you reach N 5th St you've gone a little too far*

11.4 mi



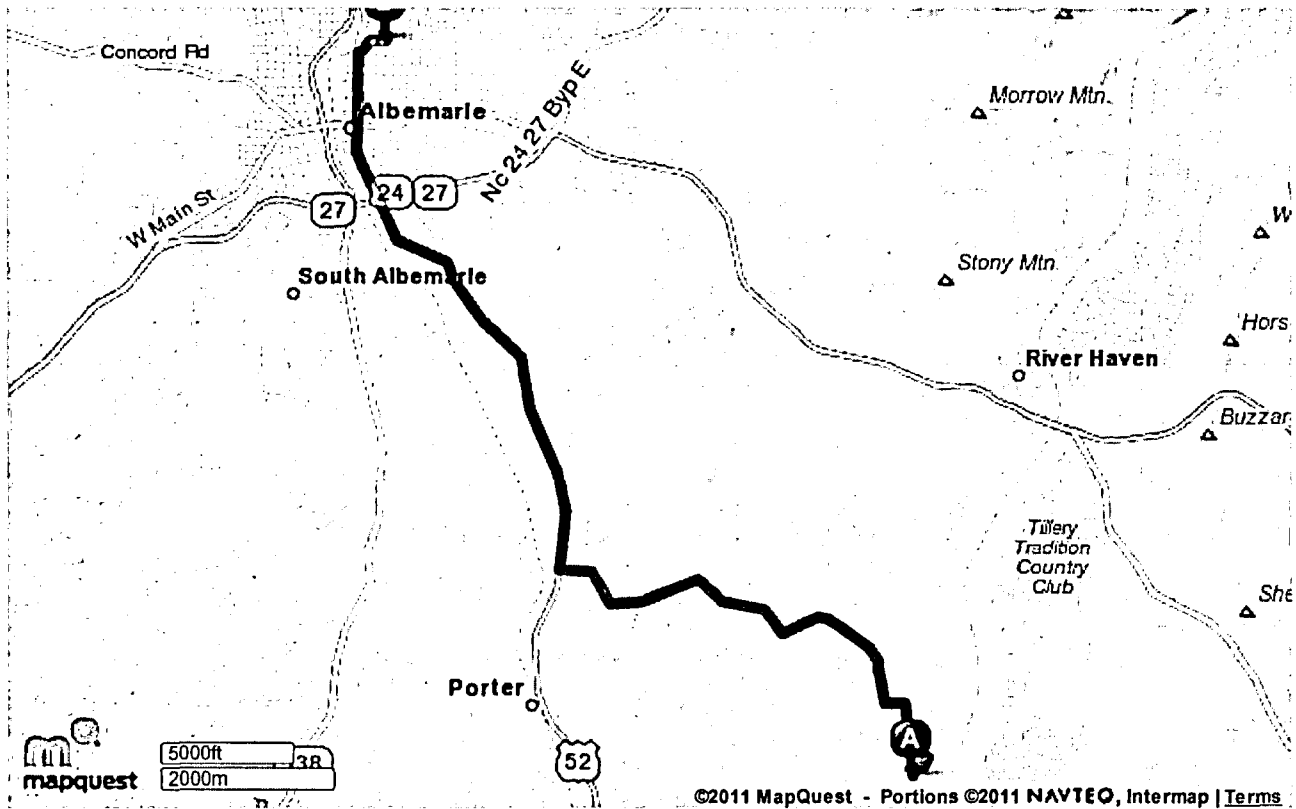
**301 Yadkin St**  
Albemarle, NC 28001-3441

11.4 mi

11.4 mi




**Total Travel Estimate: 11.45 miles - about 24 minutes**



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## HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Chloroform

## I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>CH Cl<sub>3</sub></u>	<u>1</u>
Natural Physical State at 25°C <u>liquid</u>	<u>2</u>
Vapor Pressure <u>160</u> mm Hg at 20°C	<u>2</u>
Melting Point <u>-82</u> °F/°C Boiling Point <u>143</u> °F/°C	<u>2</u>
Flash Point (open or closed cup) <u>NA</u> °C/°F	<u>2</u>
Solubility - H <sub>2</sub> O <u>1 ml dissolves in 200 ml H<sub>2</sub>O at 25° C</u>	<u>1</u>
Other <u>miscible with alcohol, benzene, ether,</u>	<u>1</u>
<u>petroleum ether, carbon tetrachloride, carbon disulfide, oils</u>	
Physical Features: (odor, color, etc.) <u>colorless liquid with a pleasant,</u>	
<u>sweet odor IP = 11.42 eV (2) HNU sensitivity with 11.7 eV probe=6.0</u>	
<u>OVA Relative Response=65%</u>	

## II. TOXICOLOGICAL DATA

Standards: 10 ppm(3) TLV 50 ppm (ceiling)(4) PEL carcinogen IDLH 3 suspect human

Routes of Exposure: Eye contact, skin contact, ingestion, inhalation (2)

Acute/Chronic Symptoms: Dizziness, mental dullness, nausea, headache,  
fatigue, anesthesia, eye and skin irritation, enlargement of the liver (2)

First Aid: Inhalation: artificial respiration; Ingestion: get medical  
attention immediately; Eye contact: irrigate immediately; Skin contact:  
soap and water wash immediately



**EMPLOYER:** Please complete the top section and give to the injured employee to take with them to their authorized treating physician. If you already have transitional duty job descriptions available, please attach a copy for the treating physician's review.

Name of Employee: Last:	First:
Date of Injury:	
Name of Employer: NCDENR- Division	
Employer Signature:	Treating Physician:

**EMPLOYEE:** Please take this form with you to an authorized treating physician. Please have the physician complete the middle section and return this immediately to your employer. The bottom section is for you to show the pharmacist should you need to have any prescriptions filled as prescribed by your authorized treating physician for this work related injury.

### AUTHORIZED PHYSICIAN, PLEASE COMPLETE

Diagnosis: \_\_\_\_\_

A post accident drug test (check one) ☐ has been completed ☐ has not been completed

In accordance with this patient's physical capability, check all that apply:

- ☐ May resume work immediately, no restriction.  
☐ May resume work immediately with the following restrictions:  
☐ Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)  
☐ Light work (lifting less than 20 pounds)  
☐ Medium work (lifting less than 50 pounds)  
☐ Heavy work (lifting less than 100 pounds)  
☐ Normal shift  
☐ Limited hours: \_\_\_\_ hrs, \_\_\_\_ hrs, \_\_\_\_ hrs per day  
☐ Other: \_\_\_\_\_

- ☐ Repetitive Motion Restrictions (specific to hand/arm injuries):

Frequency	Left	Right
No Use		
Occasional <33% of time		
Frequent 34-66% of time		
Regular 67-100% of time		

- ☐ Patient may return to work at full duty on (date) \_\_\_\_\_  
☐ Patient has a return appointment on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Please indicate any referrals that are required: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name (type or print) \_\_\_\_\_

**Physician Offices – Be sure to contact CorVel's Claim Department at 800-365-5998 for authorization for the referral.**

**PHARMACIST:** Process all prescriptions on-line through *CorVel's CorCareRx* for this patient. Contact CorVel's CorCareRx Help Desk at (800) 563-8438 to establish eligibility prior to processing on-line from 8 AM thru 9 PM Eastern. After hours, please contact (800) 213-5640.

### DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION.

CHAIN NAME	CHAIN NAME	CHAIN NAME	CHAIN NAME
Bi-Lo Pharmacy	Horizon Pharmacy	Revco drugs	VIX Pharmacy
Bi-Mart	HyVee Drugtown	Rite-Aid drugs	Walgreen's
Brooks Drugs	J & J Pharmacy	RX Discount Pharmacy	Wal-Mart Pharmacy
Brookshire Brothers	Joel & Jerry's	Sack-n-Save	Wegman Pharmacy
CVS Pharmacy	Kash N Karry	Sav-A-Lot	Winn-Dixie
Cub Pharmacy	Kerr Drugs	Sams Club Pharmacy	
Drug Emporium	K-mart phcy	Save Mart	
Eckerd's(all others)	Long's Phcy	Stop N Shop	
Franck's Pharmacy	Medicine Shoppe	Super D	
Fred Meyer	Medistat Phcy	Super Valu	
Fred's Pharmacy	Miner-Rushing Drugs	Super X (HSI)	
Giant Pharmacy	Pathmark Pharmacy	Tom Thumb Phcy	
Goodings	Perry Drg Str	Tops Pharmacy	
Hannaford Food &	Phar-Mor	Tri Daily Drugs	Revision date: 6/25/2009

### CORVEL

\* All participating pharmacies have not been included on this list. Please have your pharmacy call CCRx regarding any questions/ authorizations 800-563-8438.



North Carolina Department of Environment and Natural Resources  
Division of Waste Management

Beverly Eaves Perdue  
Governor

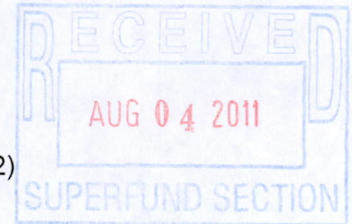
Dexter R. Matthews  
Director

Dee Freeman  
Secretary

July 27, 2011

Gregory Williams  
1801 Tower Industrial Dr.  
Monroe, NC 28110

RE: Water Supply Well Sampling – Randalls Ferry Rd. Supply Wells(NONCD0002812)  
17586 Randalls Ferry Rd.  
Norwood, NC 28128



Dear Mr. Williams:

My name is Anthony Foster with the North Carolina Department of Environment and Natural Resources, Division of Waste Management. During the week of August 8, 2011 I will be in the Stanly County area collecting groundwater samples related to groundwater contamination in your area. I would like to sample your well at the above referenced address during that time. You do not have to be present to have your well sampled and there is no cost to you. The laboratory results will be forwarded to you as soon as possible. Please provide the following information, if you know it, when you contact me.

- The number of wells on your property are 1.
- The depth of the well(s) are ?? ft.
- The well(s) are being used for the following purposes:  
Residential
- The well water goes through a filtration system before the water enters the house. YES (NO)
- Is there a tap at the well head or outside wall spigot of the residence? (YES) / NO
  - If YES which one? Back left
- Your contact information:
  - Phone # 704 287-7663
  - Email Address gfosterw@aol.com

Please contact me by one of the following ways to confirm whether or not you would like your well sampled. You can reach me by calling (336)771-5094, email me at [anthony.foster@ncdenr.gov](mailto:anthony.foster@ncdenr.gov) or respond to this letter stating you do wish or do not wish to have your well sampled. I will be happy to answer any questions you may have at that time.

Sincerely,

Anthony Foster  
Environmental Senior Specialist  
Inactive Hazardous Sites Branch  
Superfund Section





North Carolina Department of Environment and Natural Resources  
Division of Waste Management

Beverly Eaves Perdue  
Governor

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\_\_\_\_\_
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  - If YES which one? \_\_\_\_\_
- Your contact information:
  - Phone # \_\_\_\_\_
  - Email Address \_\_\_\_\_

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